

**HEMATOLOGY/MEDICAL ONCOLOGY
CLINICAL PRIVILEGES**

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____/____/____.

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the **“Requested”** box for each privilege requested.

Applicants have the burden of producing information and documentation deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

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QUALIFICATIONS FOR HEMATOLOGY/MEDICAL ONCOLOGY

Initial Applicants: To be eligible to apply for privileges in HEMATOLOGY/MEDICAL ONCOLOGY (“Heme-Onc”), the applicant must meet the following criteria:

EITHER

Pathway A:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine, followed by successful completion of an accredited fellowship in hematology or integrated fellowship in medical oncology

AND

2. Documentation of current subspecialty certification or Board eligibility (with achievement of certification within the required time frame set forth by the respective Boards) leading to subspecialty certification in hematology or dual certification in hematology and medical oncology by the American Board of Internal Medicine or subspecialty certification in hematology by the American Osteopathic Board of Internal Medicine

OR

Pathway B:

1. Documentation of successful completion of an Accreditation Council for Graduate Medical Education (ACGME) – or American Osteopathic Association (AOA)–accredited postgraduate training program in Internal Medicine or Family Medicine, and Department-approved experience in Heme-Onc;

AND

2. Documentation of Board Certification or Board Eligibility in Internal Medicine or Family Medicine (with achievement of certification within the required time frame set forth by the respective Boards) by the American Board of Internal Medicine (ABIM) or Family Medicine (ABFM), or American Osteopathic

AND

(required for each pathways)

1. Documented experience: Inpatient/outpatient care to at least 300 patients with hematological/oncological diseases, reflective of the scope of privileges requested, within the past 24 months, or successful completion of an ACGME- or AOA-accredited

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residency, or clinical fellowship within the past 24 months. Please provide a clinical activity/procedure log.

AND

2. Documentation of advanced cardiac life support.

Renewal of Privileges: To be eligible to renew privileges in Hematology, the applicant must meet the following criteria:

1. Maintenance of Certification or Osteopathic Ongoing Certification is required.

AND

2. Current documented competence and an adequate volume of experience (300 patients with hematological/oncological diseases – inpatient/outpatient) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

AND

3. Documentation of advanced cardiac life support.

Core Privileges: Hematology

- Requested:** Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with diseases of the blood, spleen, and lymph glands and disorders of the immunologic system such as anemia, clotting disorders, sickle cell disease, hemophilia, leukemia, and lymphoma. May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

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CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/ privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/ procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the Applicant: If you wish to exclude any procedures, based on lack of competency, please strike through the procedures that you do not wish to request, and then initial and date.

Hematology

- Administration of chemotherapeutic agents and biological-response modifiers through all therapeutic routes
- Apheresis procedures
- Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
- Diagnostic lumbar puncture
- Indications and application of imaging techniques in patients with blood disorders
- Management and care of indwelling venous access catheters
- Performance of history and physical exam
- Therapeutic thoracentesis and paracentesis

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Core Privileges: Medical Oncology

- Requested:*** Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with all types of cancer, and other benign and malignant tumors. May provide care to patients in the intensive care setting. Assess, stabilize, and determine the disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills, as determined by the department chair.

CORE PROCEDURES/TREATMENT LIST

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Medical Oncology

- Administration of chemotherapeutic agents and biological response modifiers through all therapeutic routes
- Assessment of tumor imaging by computed tomography, magnetic resonance, positron emission tomography scanning, and nuclear imaging techniques
- Complete blood count, including platelets and white cell differential, by means of automated or manual techniques
- Diagnostic lumbar puncture
- Management and maintenance of indwelling venous access catheters
- Performance of history and physical exam
- Serial measurement of tumor masses
- Therapeutic thoracentesis and paracentesis

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Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Everyone requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant.

Non-Core Privileges: Administration of Sedation and Analgesia

Administration of Sedation and Analgesia:

- Conscious Sedation** (e.g. versed, morphine, fentanyl) – DOES NOT INCLUDE USE OF KETAMINE OR PROPOFOL
- Ketamine** (test required every 2 years)
- Propofol** (test required every 2 years)

Criteria for Initial Request:

1. Successful completion of an ACGME– or AOA–accredited post graduate training program which included training in administration of sedation and analgesia, including the necessary airway management skills, or department-approved extra training and experience.

AND

2. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months, or completion of training within the past 24 months. Please provide clinical activity/procedure log.

Criteria for Renewal of Privileges:

1. Documented current competence and evidence of the performance of at least 5 cases (can be any combination) within the past 24 months.

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**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)
for initial applicants**

Hematology/Oncology

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients with hematological diseases in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly performed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of each of the requested non-core privileges.
4. FPPE should be concluded as soon as possible (i.e. within the first 3-4 months after starting work at CCRM).
5. Completed FPPE forms must be submitted to the Credentialing Office.
6. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
7. **For low volume providers: please see separate FPPE/proctoring guidelines.**
8. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center and I understand that:

- a. In exercising any clinical privileges granted, I will adhere by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ **Date** _____

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DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

[Department Chair] Signature: _____ **Date:** _____

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date _____
Temporary Privileges	Date _____
Medical Executive Committee Approval	Date _____
Board of Supervisors Approval	Date _____